

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 5 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7669

1. PLACE OF DEATH

17 County Carroll
 Township Combs
 City (No.)

Registration District No. 134
 Primary Registration District No. 5189

File No.
 Registered No. 6
 St. Ward

2. FULL NAME

Daniel A. Bryant
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Reed Bryant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo

13. NAME James Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT D. M. Bryant (ADDRESS) Carroll Co Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rossville Mo DATE 3/5/32

19. UNDERTAKER Harris Funeral Home (ADDRESS) Carroll Co Mo

20. FILED Mar-9-1932 Mrs. Boss Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1931 to 3-2-1932

I last saw him alive on 3-2-1932 Death is said to have occurred on the date stated above, at 9:55 am

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance: 131 191 ①

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William G. Atwood, M. D.

(Address) Carroll Co Mo

